	ILITY	Attorney Docket No.		ASP-5011	_		
PATENT AP	PLICATION	First Inventor		Su-Syin Wu			
TRANS	SMITTAL	Title		STERILIZATION PACKAGING			
(only for new nonprovisional	(b))	Express Mail Label					
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application					
See MPEP Chapter 600 concerning utility patent application contents.				Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. Fee Transmittal Form (e.g., PTO/SB/17)				7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
(submit an original and a duplicate for fee processing) 2. Applicant claims small entity status.			, , , , ,				
3. X Specification			8. Nucleotide and/or Amino Acid Sequence				
	tle of the Invention		Submission (if applicable, all necessary) ☐ a.□Computer Readable Form (CRF) ☐ 등				
- Cross Referei	nce to Related Applica	ations					
	garding Fed sponsor		i. ☐ CD-ROM or CD-R (2 copies); or ⊃ ○ ■				
	sequence listing, a tal gram listing appendix			ii. paper			
- Background o	of the Invention		c. ☐ Statement verifying identity of above copies ₹ 0				
- Brief Summar	y of the Invention	e et - at	ACCOMPANYING APPLICATION PARTS				
- Brief Descript - Detailed Desc	ion of the Drawings (i	t tilea)		9. Assignment Papers (cover sheet & document(s))			
- Detailed Desc - Claim(s)	AIPHOIT		1U. [☐ 37 CFR 3.73(b) Statement ☐ Power of Attorn (when there is an assignee)	cy		
- Abstract of the	e Disclosure		11.[11. English Translation Document (if applicable)			
_			12.	12. Information Disclosure Statement			
4. Drawing(s)(3	5 USC 113) [Total	Sheets 2]	12 5	(IDS)/PTO-1449 ☐Copies of IDS Citatio	JIS		
 5. Oath or Declarat a. ⊠ unexecute 		Pages 3]	14.5	13. ☐ Preliminary Amendment 14. ☑ Return Receipt Postcard (MPEP 503)			
b. Copy from	a prior application (3)	7 CFR 1.63(d))		(Should be specifically itemized)			
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			15.[15. Certified Copy of Priority Document(s)			
i. DELETION OF INVENTOR(S)			(if foreign priority is claimed) 16. ☐ Request and Certifications under 35 U.S.C. 122				
Signed statement attached deleting inventor(s) named in the prior application,			(b)(2)(B)(i). Applicant must attach form				
see 37 CFR 1.63(d)(2) and 1.33(b).			PTO/SB/35 or its equivalent.				
,,,,			17. ☐ Other				
6. ☐ Application D	6. Application Data Sheet. See 37 CFR 1.76						
18. If a CONTINUIN	IG APPLICATION, checondment, or in an Applic	k appropriate bo ation Data Shee	x and s t under	supply the requisite information below and in a r 37 CFR 1.76:			
☐ Continuation ☐ □	Divisional 🔲 Contini	uation-in-Part (CIP) of	of prior application No.: , filed .			
Prior application info	rmation: Examiner	Group	o Art U	Jnit:			
For CONTINUATION	Nor DIVISIONAL APF	'S only: The er	ntire di	isclosure of the prior application, from which an art of the disclosure of the accompanying			
continuation or division	onal application and is	s hereby incorp	orated	by reference. The incorporation can only be			
relied upon when a portion has been inadvertently omitted from the submitted application parts.							
N Curata mana Alamata		CORRESPOND					
☐ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below							
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson							
One Johnson & Johnson Plaza							
New Brunswick, NJ 08933-7003 USA							
20. TELEPHONE CONTACT							
Please direct all telephone calls or telefaxes to Andrew C. Farmer at:							
Telephone: (732) 524-2825 Fax: (732) 524-2808 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
NAME	Andrew C. Farmer		CKN	Reg. No. 35868			
IAVIAIF	/ illuicit O. 1 allilei				-		
SIGNATURE	4						
DATE	October 31, 2003						

FEE TRANSMITTAL Application Number Filing Date October 31, 2003 First Nam d Inv ntor Group Art Unit Examiner Name Attorney Dock t Number ASP-5011

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	16 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
		TOTAL FEES	\$ 750.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ASP-5011/ACF in the amount of 750.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ASP-5011/ACF. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	Andrew C. Farmer		Reg. No. 35,868
Signature	CZ	Date: 10 31 03	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Su-Syin Wu

For : STERILIZATION PACKAGING

Express Mail Certificate

"Express Mail" mailing number: EJ476787402US

Date of Deposit: October 31, 2003

I hereby certify that this complete application, including specification pages, claims, drawings, an unexecuted Declaration and an Information Disclosure Statement is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ceceile Solomon

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)